

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90185 027 ***150.00

DOCUMENT # F98000005320

1. Entity Name
GENTIVA HEALTH SERVICES (USA) INC.



40001

Principal Place of Business
**3 HUNTINGTON QUADRANGLE
2005
MELVILLE, NY 11747**

Mailing Address
**3 HUNTINGTON QUADRANGLE
2005
MELVILLE, NY 11747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006

Chg-P

CR2E034 (11/05)

4. FEI Number
11-3414024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN RD
ORLANDO, FL 32802**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDCO
PERRY, VERNON A
3 HUNTINGTON QUADRANGLE, 2 SO.
MELVILLE, NY 11747** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
Strange, H. Anthony
3350 Riverwood Pkwy, Ste 1400
Atlanta, GA 30339** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
MALONE, RONALD A
3 HUNTINGTON QUAD., 2 S
MELVILLE, NY 11747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP S B
Paige, Stephen B
3 Huntington Quadrangle, Ste 200S
Melville, NY 11747** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT
POTAPCHUK, JOHN
3 HUNTINGTON QUAD., 2 S
MELVILLE, NY 11747** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCCO
Camperlego, John N.
3 Huntington Quadrangle, Ste 200S
Melville, NY 11747** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
SCHWARTZ, RUTH
175 BROAD HOLLOW RD
MELVILLE, NY 11747** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen B Paige

4/12/06 631 501 7210